



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid _____

Date _____

07 SEP 12 08:07

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Bud Welcome Home Tel: (425) 864-2274

Mailing Address 14076 Fryelands Blvd. Work Tel: (425) 864-2274

City Monroe State WA Zip+4 98272 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: () -

Mailing Address _____ Work Tel: () -

City _____ State _____ Zip+4 _____ + _____ FAX: () -

Relationship to applicant: _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 60 (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Domestic/Public Supply. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) *The SW quarter of the SW quarter of Section 28, Township 30 N., Range 2 E., W.M. along with the south half of the SE quarter of Section 29, Township 30 N., Range 2 E., W.M.*

Estimate a maximum annual quantity to be used in acre-feet per year: 10 acre feet per year

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ____ / ____ / ____ to ____ / ____ / ____

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>two wells</u> . ALS 656 & ALS 658		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): 6" casing/ 112' deep		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 700 feet north 200 and 300 feet west of the SE corner of the SE Quarter.								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE</u>	<u>SE</u>	<u>29</u>	<u>30 N</u>	<u>2 E</u>	<u>Island</u>			
For Ecology Use Date Received: <u>9/12/07</u> Priority Date: <u>9/12/2007</u>								
SEPA: <u>Exempt</u> Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>9/12/07</u> By <u>WXB</u> Date Returned _____ By _____ WRIA: <u>6</u>								

NW

Appl. No.: 61-28517

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: 120 West Water System

B. Briefly describe your proposed water system. **(See instructions.)**

These wells were constructed to supply water for a small water system using less than 5000 gallons per day. The wells will have 1.5 hp pumps installed. The wells will pump to a storage tank that will contain a booster pump that will provide the required flow rate and residual pressure. The system is sized to deliver water in accordance to the Department of Health requirements. This system is composed of two well, two well pumps, transport lines, a variable speed booster pump and distribution system piping with meters.

A water right is being applied for to allow the system to expand and potentially use water in excess of 5000 gallons per day.

C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: 13 Type of connection Homes
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: _____

B. List total number of acres for other specified agricultural uses:

Use _____	Acres _____
Use _____	Acres _____
Use _____	Acres _____

C. Total number of acres to be covered by this application: _____

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up the acreage in which you have a controlling interest, including only:

- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
- ‡ Acreage proposed to be irrigated under this application;
- ‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____

E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Head north on SR 525 from Clinton to approximately 4 miles past Freeland. Turn left onto the paved access road. Follow road approximately 1200 feet west. Turn right on paved road and head approximately 700 feet. Pavement ends at a road crossing follow gravel road on the left approximately 200 or 300 feet. Well are visible on the left side of the road.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Bud Welton
Applicant (or authorized representative)

8/21/07
Date

SAME
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

☐ 15029 BOTHELL WAY NE, STE 600

LAKE FOREST PARK, WA 98155

TELEPHONE: (206) 523-0024

FAX: (206) 523-1012

☒ PO BOX 1132

FREELAND, WA 98249

TELEPHONE: (360) 331-4131

FAX: (360) 331-7394

DATE: September 4, 2007

RE: Water Right Application

TO: Department of Ecology

Cashier

PO Box 5128

Lacey, WA 98509-5128

WE ARE SENDING YOU:

☒ Attached

☐ Under Separate Cover

☐ Letter

☒ Permit App.

☐ Plans

☐

☐ Specifications

☐

☒ Report

☐

NO.	COPIES	DESCRIPTION
1	1	\$50 Permit Fee
2	1	Water Right Application
3	1	Appendices: Well Logs, pump test, chemical analysis

THESE ARE TRANSMITTED as checked below:

☒ For review

☐ No exceptions taken

☐ Resubmit _____ copies for review

☐ For your use

☐ Exceptions as noted

☐ Submit _____ copies for distribution

☐ As requested

☐ Returned for corrections

☐ Return _____ corrected prints

☐ For review and Comment

☐

REMARKS

Attached is a water right application for a 13 connection Group B water system on Whidbey Island.

Please let me know if you have any questions or need additional information.

Thanks,

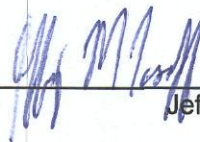
DISTRIBUTION:

☒ Bud Welcome

☐

☒ DCG File

SIGNED:



Jeffrey M. Tasoff, PE

If enclosures are not as noted, kindly notify us at once.

30-2E-29R



WATER WELL REPORT

Original & 1st copy - Ecology, 2nd copy - owner, 3rd copy - drillerConstruction/Decommission ("x" in circle) 263491☒ Construction☐ Decommission ORIGINAL INSTALLATION Notice of Intent Number _____

PROPOSED USE:		<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal
		<input type="checkbox"/> DeWater	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Test Well
		<input type="checkbox"/> Other		
TYPE OF WORK: Owner's number of well (if more than one) <u>2</u>				
<input checked="" type="checkbox"/> New well		<input type="checkbox"/> Reconditioned	Method: <input type="checkbox"/> Dug <input type="checkbox"/> Bored <input type="checkbox"/> Driven	
<input type="checkbox"/> Deepened			<input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Jetted	
DIMENSIONS: Diameter of well <u>6</u> inches, drilled <u>112</u> ft.				
Depth of completed well <u>112</u> ft.				
CONSTRUCTION DETAILS				
Casing	<input checked="" type="checkbox"/> Welded	<u>6</u> "	Diam. from <u>2</u> ft.	to <u>-102</u> ft.
Installed:	<input type="checkbox"/> Liner installed		Diam. from	ft. to
	<input type="checkbox"/> Threaded		Diam. from	ft. to
Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of perforator used _____				
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.				
Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> K-Pac Location <u>-102</u>				
Manufacturer's Name <u>Johnson</u>				
Type	<u>Stainless</u>	Model No. _____		
Diam.	<u>5</u>	Slot size	<u>18</u>	from <u>102</u> ft. to <u>107</u> ft.
Diam.	<u>5</u>	Slot size	<u>18</u>	from <u>107</u> ft. to <u>112</u> ft.
Gravel/Filter packed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel/sand _____ ft. to _____ ft.				
Materials placed from _____ ft. to _____ ft.				
Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth? <u>-18</u> ft.				
Material used in seal <u>Bentinite</u>				
Did any strata contain unusable water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of water? _____ Depth of strata _____				
Method of sealing strata off _____				
PUMP: Manufacturer's Name <u>Flint & Walling</u>				
Type: <u>4E10S15-Submersible</u> H.P. <u>1.5</u>				
WATER LEVELS: Land-surface elevation above mean sea level <u>340</u> ft.				
Static level <u>-52' 3 1/2"</u> ft. below top of well Date <u>4/14/07</u>				
Artesian pressure _____ lbs. per square inch Date _____				
Artesian water is controlled by _____ (cap, valve, etc.)				
WELL TESTS: Drawdown is amount water level is lowered below static level				
Was a pump test made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? <u>Pierce JKA</u>				
Yield:	<u>13 1/2</u>	gal./min. with	<u>102</u>	ft. drawdown after <u>1</u> hrs.
Yield:		gal./min. with		ft. drawdown after _____ hrs.
Yield:		gal./min. with		ft. drawdown after _____ hrs.
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)				
Time	Water Level	Time	Water Level	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Date of test _____				
Bailer test	_____ gal./min. with	_____ ft. drawdown after	_____ hrs.	
Airtest	<u>10</u> gal./min. with stem set at	<u>105</u> ft. for	<u>1</u> hrs.	
Artesian flow _____ g.p.m. Date _____				
Temperature of water _____ Was a chemical analysis made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

CURRENT

Notice of Intent No. W217284

Unique Ecology Well ID Tag No. ALS656

Water Right Permit No. _____

Property Owner Name EB Holding's

Well Street Address none

City Freeland County Island

Location SE 1/4-1/4 SE 1/4 Sec 29 Twn 30 R 2 ☒ EWM or WWM circle one

Lat/Long (s, t, r) Lat Deg 48 Lat Min/Sec 3.15

Still **REQUIRED** Long Deg 122 Long Min/Sec 34.40

Tax Parcel No. R23029-067-4630

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Dry hard sand w/ clay	0	-16
Dry sand w/ cemented gravel & clay	-16	-20
Same - slight moisture & seepage	-20	-23
Sand w/ clay, Dry	-23	-35
Loose dry sand	-35	-36
Moisture in sand	-36	-38
Moist sand - lots of clay	-38	-54
Dry sand / clay	-54	-98
Moisture, sand	-98	-112
Air pressure appears to have stopped water in formation @ 98 to 112. Test well w/ pump		

RECEIVED

MAY 14 2007

DEPT. OF ECOLOGY

Start Date 3/19/07 Completed Date 4/15/07

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☐ Driller ☐ Engineer ☐ Trainee Name (Print) James A. Kiltoff

Driller/Engineer/Trainee Signature _____

Driller or trainee License No. 1806

If TRAINEE, Driller's License No. _____

Driller's Signature James A. Kiltoff

Drilling Company JKA Enterprises

Address 21703 195th Ave SE

City, State, Zip Monroe WA 98272

Contractor's Registration No. JKAENTI945QC Date 11/1/09

Ecology is an Equal Opportunity Employer.



B & W Pump Company

Draw Down Test

#1 = ALS 656

18181 SR 525

P.O Box 55

Freeland, WA 98249

(360) 331-4016

Fax: (360) 331-2374

System ID:		Requested By:		Well Tag No.: <i>ALS 656</i>		
DOH Source ID:		Address:		County: <i>Island</i>		
Town: <i>30N</i>		Range: <i>02E</i>		Date: <i>7-17-07</i>		
Sec: <i>29 1/4 SE</i>						
Well Elevation (MSL): <i>340'</i>		Depth <i>112</i>		Casing <i>6"</i>		
Time	Time Intervals in minutes	Depth to Water Level (ft)	Drawdown (ft)	t/r	Pumping Rate (Q) [gpm]	Comments
	<i>STATIC</i>	<i>87'-11"</i>			<i>12 gpm</i>	<i>existing Subm. Pump</i>
	<i>.30 sec</i>	<i>-</i>				
	<i>1 min</i>	<i>95'-0"</i>	<i>7'-1"</i>			
	<i>2 min</i>	<i>99'-1"</i>	<i>4'-1"</i>			
	<i>3 min</i>	<i>102'-0"</i>	<i>2'-11"</i>			
	<i>4 min</i>	<i>104'-11"</i>	<i>2'-11"</i>			
	<i>5 min</i>	<i>105'-3"</i>	<i>0'-4"</i>		<i>12 gpm</i>	<i>Air</i>
	<i>10 min</i>	<i>105'-3"</i>	<i>0</i>		<i>9 gpm</i>	<i>Restricted Flow</i>
	<i>15 min</i>	<i>105'-3"</i>	<i>0</i>			
	<i>20 min</i>	<i>105'-3"</i>	<i>0</i>			
	<i>25 min</i>	<i>105'-3"</i>	<i>0</i>			
	<i>30 min</i>	<i>105'-3"</i>	<i>0</i>			
	<i>40 min</i>	<i>105'-3"</i>	<i>0</i>			
	<i>50 min</i>	<i>105'-3"</i>	<i>0</i>			
	<i>60 min</i>	<i>105'-3"</i>	<i>0</i>			
	<i>2 Hours</i>	<i>105'-3"</i>	<i>0</i>			
	<i>3 Hours</i>	<i>105'-3"</i>	<i>0</i>			
	<i>4 Hours</i>	<i>105'-3"</i>	<i>0</i>			
	<i>Recovery</i>	<i>105'-3"</i>				
	<i>.30 sec</i>	<i>103'-1"</i>	<i>2'-2"</i>			
	<i>1 min</i>	<i>101'-4"</i>	<i>2'-9"</i>			
	<i>2 min</i>	<i>99'-0"</i>	<i>2'-4"</i>			
	<i>3 min</i>	<i>97'-7"</i>	<i>1'-5"</i>			
	<i>4 min</i>	<i>96'-5"</i>	<i>1'-2"</i>			
	<i>5 min</i>	<i>95'-9"</i>	<i>0'-8"</i>			
	<i>6 min</i>	<i>95'-1"</i>	<i>0'-8"</i>			
	<i>7 min</i>	<i>94'-6"</i>	<i>0'-7"</i>			
	<i>8 min</i>	<i>94'-0"</i>	<i>0'-6"</i>			
	<i>9 min</i>	<i>93'-6"</i>	<i>0'-6"</i>			
	<i>10 min</i>	<i>93'-2"</i>	<i>0'-4"</i>			
	<i>20 min</i>	<i>90'-6"</i>	<i>2'-8"</i>			
	<i>60 min</i>	<i>87'-11"</i>	<i>2'-7"</i>			



Burlington WA 1620 S Walnut St - 98233
 Corporate Office 800.755.9295 • 360.757.1400 • 360.757.1402 fax
 Bellingham WA 805 Orchard Dr Suite 4 - 98225
 Microbiology 360.671.0688 • 360.671.1577 fax

Page 1 of 1

INORGANIC COMPOUNDS (IOC) REPORT

Client Name: B & W Pump Company
 P.O. Box 55
 Freeland, WA 98249

Reference Number: 07-09126

Project: Bud Welcome ALS656 & ALS658
 Field ID: ALS656
 Sample Description: Bud Welcome
 Sampled By: Adam Lehman
 Sample Date: 7/17/2007
 Source Type:

Lab Number: 04620826
 Report Date: 7/25/2007
 Date Received: 7/17/2007
 Sampler Phone:

Supervisor: *Y*

CAS	ANALYTES	RESULTS	UNITS	PQL	MDL	MCL	Analyst	METHOD	COMMENT
EPA Regulated									
7440-38-2	ARSENIC	0.001	mg/L	0.001	3.98E-05	0.010	mvp	200.8	
7440-39-3	BARIUM	0.011	mg/L	0.001	0.00016	2	mvp	200.8	
7440-43-9	CADMIUM	ND	mg/L	0.001	4.57E-05	0.005	mvp	200.8	
7440-47-3	CHROMIUM	ND	mg/L	0.010	0.00018	0.1	mvp	200.8	
7439-97-6	MERCURY	ND	mg/L	0.0002	0.00006	0.002	so	245.1	
7782-49-2	SELENIUM	ND	mg/L	0.005	7.06E-05	0.05	mvp	200.8	
7440-41-7	BERYLLIUM	ND	mg/L	0.001	1.09E-05	0.004	mvp	200.8	
7440-02-0	NICKEL	ND	mg/L	0.005	0.00028	0.1	mvp	200.8	
7440-36-0	ANTIMONY	ND	mg/L	0.001	1.36E-05	0.006	mvp	200.8	
7440-28-0	THALLIUM	ND	mg/L	0.001	1.33E-05	0.002	mvp	200.8	
57-12-5	CYANIDE, FREE	ND	mg/L	0.040	0.006	0.2	kiy	SM4500-CN F	
16984-48-8	FLUORIDE	ND	mg/L	0.10	0.012	4	mvp	300.0	
14797-65-0	NITRITE-N	ND	mg/L	0.10	0.010	1	mvp	300.0	
14797-55-8	NITRATE-N	0.55	mg/L	0.10	0.015	10	mvp	300.0	
E-10128	TOTAL NITRATE/NITRITE	0.55	mg/L	0.10	0.017	10	mvp	300.0	
EPA Regulated (Secondary)									
7439-89-6	IRON	0.12	mg/L	0.050	0.004	0.3	bi	200.7	
7439-96-5	MANGANESE	0.006	mg/L	0.001	2.82E-05	0.05	mvp	200.8	
7440-22-4	SILVER	ND	mg/L	0.001	3.41E-06	0.05	mvp	200.8	
7440-66-6	ZINC	0.013	mg/L	0.005	8.43E-05	5	mvp	200.8	
16887-00-6	CHLORIDE	18	mg/L	1.0	0.012	250	mvp	300.0	
14808-79-8	SULFATE	35	mg/L	0.2	0.04	250	mvp	300.0	
State Regulated									
E-10617	TURBIDITY	0.23	NTU	0.05	0.02	1.0	ims	180.1	
7440-23-5	SODIUM	12.2	mg/L	1.0	0.03		bi	200.7	
E-11778	HARDNESS	90.4	mg/L	3.30	0.055		bi	200.7	
E-10184	ELECTRICAL CONDUCTIVITY	249	uS/cm	10	10	700	ims	SM2510 B	
E-11712	COLOR	ND	Color Units	5	1	15	ims	SM2120 B	
State Unregulated									
7439-92-1	LEAD	0.001	mg/L	0.001	9.71E-06	0.015	mvp	200.8	
7440-50-8	COPPER	ND	mg/L	0.005	0.00024	1.3	mvp	200.8	

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

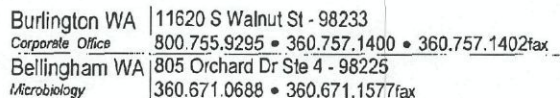
MCL (Maximum Contaminant Level) maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

Trigger Level: DOH Drinking Water Response level. Systems with compounds detected in excess of this level are required to take additional samples. Contact your regional DOH office.

ND (Not Detected): indicates that the compound was not detected above the State Reporting Limit (SRL).

NA (Not Analyzed): indicates that this compound was not analyzed.

FORM: IOC_GEN



Repeat Sample Number:
Lab Number: 16420826
Collect Date: 7/17/2007
Date Received: 7/17/2007
Report Date: 7/18/2007
Field ID: ALS656
Comment:
Supervisor:

NOTES:

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

Comments:



Burlington WA 1620 S Walnut St - 98233
Corporate Office 800.755.9295 • 360.757.1400 • 360.757.1402fax
Bellingham WA 805 Orchard Dr Suite 4 - 98225
Microbiology 360.671.0688 • 360.671.1577fax

Data Report

Client Name: EB Holdings
27822 Ames Lake Rd
Redmond, WA 98053

Reference Number: 07-06353

Report Date: 5/25/2007

Supervisor: *Jim*

Lab Number: 14834
Sample Description: Well head #2 Hydrant - 223029
-067-4630

Project: EB Well #2 & #3
Date Sampled: 5/22/2007
Date Received: 5/22/2007

WSDOH Number	Analyte	Result	MCL	Pass	SRL	Units
16	ELECTRICAL CONDUCTIVITY	249	700	Pass	10	uS/cm
20	NITRATE-N	0.44	10	Pass	0.10	mg/L
21	CHLORIDE	21	250	Pass	1	mg/L

Notation:

MCL = Maximum Contaminant Level, maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

SRL = State Reporting Limit (WSDOH required detection limit).

ND = Not detected above the listed specified reporting limit (SRL).



Burlington WA 1620 S Walnut St - 98233
Corporate Office 800.755.9295 • 360.757.1400 • 360.757.1402fax
Bellingham WA 805 Orchard Dr Suite 4 - 98225
Microbiology 360.671.0688 • 360.671.1577fax

Page 1 of 1

INORGANIC COMPOUNDS (IOC) REPORT

Client Name: EB Holdings
27822 Ames Lake Rd
Redmond, WA 98053

Reference Number: 07-06353

Project: EB Well #2 & #3
Field ID: Well head #2 Hydrant
Sample Description: 223029 -067-4630
Sampled By: Pierce @ JRA Well Drilling
Sample Date: 5/22/2007
Source Type:

Lab Number: 04614834
Report Date: 5/25/2007
Date Received: 5/22/2007
Sampler Phone:

Supervisor: 

CAS	ANALYTES	RESULTS	UNITS	PQL	MDL	MCL	Analyst	METHOD	COMMENT
7439-89-6	IRON	0.34	mg/L	0.050	0.004	0.3	bi	200.7	
E-11778	HARDNESS	84.1	mg/L	3.30	0.055		bi	200.7	
7439-96-5	MANGANESE	0.012	mg/L	0.005	0.0012	0.05	bi	200.7	
E-10139	HYDROGEN ION (pH)	7.25	pH Units				kiv	SM4500-H+ B	

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

MCL (Maximum Contaminant Level) maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

Trigger Level: DOH Drinking Water Response level. Systems with compounds detected in excess of this level are required to take additional samples. Contact your regional DOH office.

ND (Not Detected): indicates that the compound was not detected above the State Reporting Limit (SRL).

NA (Not Analyzed): indicates that this compound was not analyzed.

FORM: IOC_GEN



Burlington WA 11620 S Walnut St - 98233
Corporate Office 800.755.9295 • 360.757.1400 • 360.757.1402fax
Bellingham WA 805 Orchard Dr Ste 4 - 98225
Microbiology 360.671.0688 • 360.671.1577fax

Washington State Department of Health
WATER BACTERIOLOGICAL ANALYSIS

Client Name: EB Holdings
27822 Ames Lake Rd
Redmond, WA 98053

Reference Number: 07-06353
Project: EB Well #2 & #3

System Name:
System ID Number:
DOH Source Number:
Sample Type:
Sample Purpose: Investigative or Other
Sample Location: 223029 -067-4630
County:
Sampled By: Pierce @ JRA Well Drilling
Sampler Phone:

Repeat Sample Number:
Lab Number: 16414834
Collect Date: 5/22/2007
Date Received: 5/22/2007
Report Date: 5/23/2007
Field ID: Well head #2 Hydrant
Comment:
Supervisor:

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent	per 100mL	sk	SM9223 B	
3	E. COLI	Absent	per 100mL			

NOTES:

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private Individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

Comments:



(360) 331-4016
Fax: (360) 331-2374

B & W Pump Company

Draw Down Test

#2 = ALS 658

18181 SR 525
P.O. Box 55
Freeland, WA 98249

System ID: —		Requested By:		Well Tag No.: <u>ALS 658</u>		
DOH Source ID: —		Address:		County: <u>Island</u>		
Town: <u>30N</u> Range: <u>02E</u> Sec: <u>29</u> 1/4. <u>SE</u>		Date: <u>7-17-07</u>		Casing <u>6"</u>		
Well Elevation (MSL): <u>340'</u>		Depth				
Time	Time Intervals in minutes	Depth to Water Level (ft)	Drawdown (ft)	t/r	Pumping Rate (Q) [gpm]	Comments
	<u>STATIC</u>	<u>86'-0"</u>			<u>13 gpm</u>	<u>existing Subm Pump</u>
	<u>.30 sec</u>	<u>90'-6"</u>	<u>4'-6"</u>			
	<u>1 min</u>	<u>93'-8"</u>	<u>3'-2"</u>			
	<u>2 min</u>	<u>99'-10"</u>	<u>6'-2"</u>			
	<u>3 min</u>	<u>105'-0"</u>	<u>5'-2"</u>		<u>13 gpm</u>	<u>Air</u>
	<u>4 min</u>	<u>105'-0"</u>	<u>0</u>		<u>9 gpm</u>	<u>Restricted Flow</u>
	<u>5 min</u>	<u>105'-0"</u>	<u>0</u>			
	<u>10 min</u>	<u>105'-0"</u>	<u>0</u>			
	<u>15 min</u>	<u>105'-0"</u>	<u>0</u>			
	<u>20 min</u>	<u>105'-0"</u>	<u>0</u>			
	<u>25 min</u>	<u>105'-0"</u>	<u>0</u>		<u>9 gpm</u>	
	<u>30 min</u>	<u>105'-0"</u>	<u>0</u>			
	<u>40 min</u>	<u>105'-0"</u>	<u>0</u>			
	<u>50 min</u>	<u>105'-0"</u>	<u>0</u>			
	<u>60 min</u>	<u>105'-0"</u>	<u>0</u>		<u>9 gpm</u>	
	<u>2 Hours</u>	<u>105'-0"</u>	<u>0</u>			
	<u>3 Hours</u>	<u>105'-0"</u>	<u>0</u>		<u>9 gpm</u>	
	<u>4 Hours</u>	<u>105'-0"</u>	<u>0</u>		<u>9 gpm</u>	
	<u>Recovery</u>	<u>105'-0"</u>				
	<u>.30 sec</u>	<u>102'-6"</u>	<u>3'-6"</u>			
	<u>1 min</u>	<u>100'-8"</u>	<u>1'-10"</u>			
	<u>2 min</u>	<u>98'-0"</u>	<u>2'-8"</u>			
	<u>3 min</u>	<u>96'-0"</u>	<u>2'-0"</u>			
	<u>4 min</u>	<u>94'-5"</u>	<u>2'-5"</u>			
	<u>5 min</u>	<u>93'-2"</u>	<u>1'-3"</u>			
	<u>6 min</u>	<u>92'-2"</u>	<u>1'-0"</u>			
	<u>7 min</u>	<u>91'-5"</u>	<u>0'-7"</u>			
	<u>8 min</u>	<u>90'-11"</u>	<u>0'-8"</u>			
	<u>9 min</u>	<u>90'-6"</u>	<u>0'-5"</u>			
	<u>10 min</u>	<u>90'-0"</u>	<u>0'-6"</u>			
	<u>20 min</u>	<u>88'-4"</u>	<u>1'-8"</u>			
	<u>60 min</u>	<u>86'-0"</u>	<u>2'-8"</u>			



Burlington WA 1620 S Walnut St - 98233
Corporate Office 800.755.9295 • 360.757.1400 • 360.757.1402fax
Bellingham WA 805 Orchard Dr Suite 4 - 98225
Microbiology 360.671.0688 • 360.671.1577fax

Page 1 of 1

INORGANIC COMPOUNDS (IOC) REPORT

Client Name: B & W Pump Company
P.O. Box 55
Freeland, WA 98249

Reference Number: 07-09126

Project: Bud Welcome ALS656 & ALS658
Field ID: als658
Sample Description: Welcome Project
Sampled By: Adam Lehman
Sample Date: 7/17/2007
Source Type:

Lab Number: 04620827
Report Date: 7/25/2007
Date Received: 7/17/2007
Sampler Phone:

Supervisor:

CAS	ANALYTES	RESULTS	UNITS	PQL	MDL	MCL	Analyst	METHOD	COMMENT
EPA Regulated									
7440-38-2	ARSENIC	0.001	mg/L	0.001	3.98E-05	0.010	mvp	200.8	
7440-39-3	BARIUM	0.011	mg/L	0.001	0.00016	2	mvp	200.8	
7440-43-9	CADMIUM	ND	mg/L	0.001	4.57E-05	0.005	mvp	200.8	
7440-47-3	CHROMIUM	ND	mg/L	0.010	0.00018	0.1	mvp	200.8	
7439-97-6	MERCURY	ND	mg/L	0.0002	0.00006	0.002	so	245.1	
7782-49-2	SELENIUM	ND	mg/L	0.005	7.06E-05	0.05	mvp	200.8	
7440-41-7	BERYLLIUM	ND	mg/L	0.001	1.09E-05	0.004	mvp	200.8	
7440-02-0	NICKEL	ND	mg/L	0.005	0.00028	0.1	mvp	200.8	
7440-36-0	ANTIMONY	ND	mg/L	0.001	1.36E-05	0.006	mvp	200.8	
7440-28-0	THALLIUM	ND	mg/L	0.001	1.33E-05	0.002	mvp	200.8	
57-12-5	CYANIDE, FREE	ND	mg/L	0.040	0.006	0.2	kiv	SM4500-CN F	
16984-48-8	FLUORIDE	ND	mg/L	0.10	0.012	4	mvp	300.0	
14797-65-0	NITRITE-N	ND	mg/L	0.10	0.010	1	mvp	300.0	
14797-55-8	NITRATE-N	0.38	mg/L	0.10	0.015	10	mvp	300.0	
E-10128	TOTAL NITRATE/NITRITE	0.38	mg/L	0.10	0.017	10	mvp	300.0	
EPA Regulated (Secondary)									
7439-89-6	IRON	0.12	mg/L	0.050	0.004	0.3	bj	200.7	
7439-96-5	MANGANESE	0.023	mg/L	0.001	2.82E-05	0.05	mvp	200.8	
7440-22-4	SILVER	ND	mg/L	0.001	3.41E-06	0.05	mvp	200.8	
7440-66-8	ZINC	0.051	mg/L	0.005	8.43E-05	5	mvp	200.8	
16887-00-6	CHLORIDE	19	mg/L	1.0	0.012	250	mvp	300.0	
14808-79-8	SULFATE	38	mg/L	0.2	0.04	250	mvp	300.0	
State Regulated									
E-10617	TURBIDITY	0.43	NTU	0.05	0.02	1.0	ims	180.1	
7440-23-5	SODIUM	12.2	mg/L	1.0	0.03		bj	200.7	
E-11778	HARDNESS	93.9	mg/L	3.30	0.055		bj	200.7	
E-10184	ELECTRICAL CONDUCTIVITY	259	uS/cm	10	10	700	ims	SM2510 B	
E-11712	COLOR	6	Color Units	5	1	15	ims	SM2120 B	
State Unregulated									
7439-92-1	LEAD	ND	mg/L	0.001	9.71E-06	0.015	mvp	200.8	
7440-50-8	COPPER	ND	mg/L	0.005	0.00024	1.3	mvp	200.8	

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

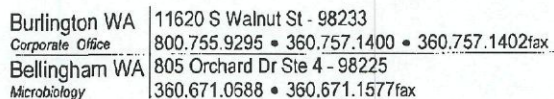
MCL (Maximum Contaminant Level): maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

Trigger Level: DOH Drinking Water Response level. Systems with compounds detected in excess of this level are required to take additional samples. Contact your regional DOH office.

ND (Not Detected): indicates that the compound was not detected above the State Reporting Limit (SRL).

NA (Not Analyzed): indicates that this compound was not analyzed.

FORM: IOC_GEN



Repeat Sample Number:
Lab Number: 16420827
Collect Date: 7/17/2007
Date Received: 7/17/2007
Report Date: 7/18/2007
Field ID: als658
Comment:
Supervisor:

NOTES:

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

Comments: